Temperature Log for Vaccines (Fahrenheit)

Month/Year: _____   **Days 1 - 15**

Practice Name: _____   **SSV Pin:** _____

*Instructions: Place an "X" in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges.
If the temperature recorded is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible, **2.** Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been compromised, **3**. Document the action taken on the "Vaccine Storage Troubleshooting Record" and forward a copy to the RIDOH at 401-222-3805 (Fax).
The RIDOH may request copies of additional documentation (i.e. wheel charts) to verify that the information reported below is accurate and factual.
Call the immunization program at the health department for further assistance: (401) 222-4643/5988.

Day of Month		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Exact Time																																
*F Temp		am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Refrigerator Temperature Range	≥49*																														
	48*					Take immediate action if temperature is in the shaded area.																									
	47*					Complete and submit the "Vaccine Storage Troubleshooting Record"																									
	46*																														
	45*																														
	44*																														
	43*																														
	42*																														
	41*																														
	40*																														
	39*																														
	38*																														
	37*																														
	36*																														
	35*																														
	34*																														
	33*					Take immediate action if temperature is in the shaded area. Complete and submit the "Vaccine Storage Troubleshooting Record".																									
	32*																														
	31*																														
	30*																														
	29*																														
	≤28*																														
Freezer	8*																														
	7*																														
	6*																														
	5*																														
	4*																														
	≤3*																														
Staff Initials																															

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Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Exact Time																																
*F Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
≥49*																																
48*																																
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Staff Initials																																

Rows ≥49* through 36* labeled: **Refrigerator Temperature Range**
Shaded area text (rows ≥49*–47*): Take immediate action if temperature is in the shaded area. Complete and submit the "Vaccine Storage Troubleshooting Record"
Shaded area text (rows 35*–≤28*): **Take immediate action if temperature is in the shaded area. Complete and submit the "Vaccine Storage Troubleshooting Record".**

Rows 8* through ≤3* labeled: **Freezer**

Vaccine Storage Troubleshooting Record

Month/Year: _____

Practice Name: _____

SSV Pin: _____

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Initials